

**The American College of Physicians.**—The American College of Physicians will hold its nineteenth annual clinical session in Philadelphia, April 29 to May 3, 1935.

Announcement of these dates is made particularly with a view not only of apprising physicians generally of the meeting, but also to prevent conflicting dates with other societies that are now arranging their 1935 meetings.

Dr. Jonathan C. Meakins of Montreal, Quebec, is president of the American College of Physicians, and will arrange the program of general sessions. Dr. Alfred Stengel, vice-president in charge of medical affairs of the University of Pennsylvania, has been appointed general chairman of local arrangements, and will be in charge of the program of clinics. Mr. E. R. Loveland, executive secretary, 133-135 South Thirty-sixth Street, Philadelphia, Pennsylvania, is in charge of general and business arrangements, and may be addressed concerning any feature of the forthcoming session.

**Causes of Cold and Pneumonia.**—"Is medical science placing too much dependence on bacteria and on filterable viruses as the causes of disease?"

"This question was raised before the section of epidemiology of the American Association for the Advancement of Science recently by two physicians on the staff of the University of California, Professor William J. Kerr and Dr. John D. Lagen.

"They reported that experiments which they have made on the transmissibility of the common cold led them to doubt that it is infectious, and suggest that the general adaptability of the body to a changing environment may be the inciting cause not only of colds but possibly of other diseases of the lower respiratory tract, including pharyngitis, laryngitis, bronchitis, and even pneumonia.

"Pointing out that for the past thirty years there has been a trend away from the idea of a bacterial origin of many diseases, the authors of the report stated that while bacteria may be a cause of secondary complications in the respiratory tract, and filterable viruses may sometimes play a primary rôle, environmental factors and the general body responses to them must be considered as preparing the soil to a greater degree than heretofore.

"The basis of the report made by Doctors Kerr and Lagen was a series of tests carried on in the University of California Hospital. A number of men having a history of high susceptibility to colds were placed in an isolated room under controlled temperature and humidity conditions. Then attempts were made to infect them with colds both by introducing individuals suffering from colds into the room, and by direct inoculation. But all these attempts to transmit colds failed. Also a careful study was made of the history of 1,500 cases of common cold.

"In conclusion, the University men said: 'The frequent recurrence of the common cold in susceptible individuals, its seasonal occurrence, the absence of fever and white blood cell increase in the early stage, are points against an infectious origin. We feel that the excessive cooling power of the air at certain times, acting upon the body when the skin pores are open through excessive exertion, fatigue or environmental factors themselves, all of which allow heat to dissipate readily through the skin, will, in the susceptible individual, produce a common cold. The lack of immunity or resistance, likewise seen in many common diseases of the lower respiratory tract, including pharyngitis, laryngitis, bronchitis, and even pneumonia, suggests that perhaps all of them may be initiated by another factor besides infection.'

"Further studies to check this theory concerning the cause of colds and perhaps other respiratory troubles, will be made in the immediate future."

## CORRESPONDENCE

**Subject of following letter: A communication from Director of Public Health Geiger of San Francisco on subject of compensation for hospital employees contracting poliomyelitis.**

*To the Editor:*—Your editorial in CALIFORNIA AND WESTERN MEDICINE, page 50, volume 41, number 1, with reference to compensation to employees of county hospitals who might come down with the disease because of contact, interested us very much.

Through the auditor of this department, Mr. P. R. Hennessy, and Mr. Ralph R. Nelson, secretary actuary of the San Francisco City and County Employees' Retirement System, the following general statement was obtained.

"In the cases of internes, house officers, student nurses contracting a communicable disease such as poliomyelitis while working with these cases, it would be considered an industrial accident and in the event of disability they would receive industrial accident compensation based on probable future earnings, the internes and house officers on a reasonable income, the student nurse on an income she would receive after graduation. The circumstances of each individual will have to govern each case."

I thought this might be of interest to you accordingly.

Fortunately, although over one-third of the cases of poliomyelitis in the recent increased incidence were taken care of in the City and County Hospital of San Francisco, no contact cases arose amongst employees.

With kindest regards, I am

Sincerely,

J. C. GEIGER, M. D.,  
Director.

July 23, 1934.

**Subsequent to the receipt of the above, the following letter was received from Director Geiger:**

*Dear Doctor Geiger:*—Thank you for the note of July 24, 1934, transmitting a copy of your letter to Doctor Kress about the method of handling poliomyelitis cases among city employees arising from the performance of their duty.

The statement made in your letter to Doctor Kress is entirely correct if you were referring to permanent disabilities. A nurse, for example, who has poliomyelitis, incurred in performance of duty, and suffering a permanent disability of 15 per cent, would be entitled to sixty weeks' compensation benefit on the basis of the earnings of a graduate nurse.

On the contrary, if the nurse suffered only a temporary disability, with no permanent effects, then she would receive compensation during the period of disability, based on her earnings as a student nurse. At the San Francisco Hospital those earnings would be \$10 per month cash, plus \$27.50 as the value of allowances.

Generally, the theory of compensation is that it reimburses for loss of wages. A temporary disability causes only the loss of the student nurse's earnings. A disability lasting throughout life affects the earnings after graduation and consequently the benefits should take into account the earnings at that time.

Yours truly,

RALPH R. NELSON,  
Secretary Actuary, Retirement Board of  
San Francisco.

**Subject of following letter: Exception taken to statements in Doctor Kessel's "Amebiasis" article.**

*To the Editor:*—There are several statements in the article entitled "Amebiasis" by Dr. John F. Kessel in CALIFORNIA AND WESTERN MEDICINE, July, 1934, page 46, to which I must take exception.

1. The entire presumption that the Chicago epidemic of amebiasis was related to food handlers seems to be without support in fact.